- 69

FILING DATE

DEP.

DEP.

SERIAL NO.

APPLICANT(S)

IND.

DEP.

IND.

CLAIMS

AFTER
2nd AMENDMENT

DEP.

IND.

CLAIMS ONLY

AFTER
1st AMENDMENT

DEP.

IND.

AS FILED

DEP.

IND.

TOTAL IND.

TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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TOTAL IND.

TOTAL DEP.

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